

REVIEWED BY: (6ASASC) Joe Stark *Stark* 1/19/80

EPA POTENTIAL HAZARDOUS WASTE SITE SITE INSPECTION REPORT		REGION	SITE NUMBER (to be assigned by HQ)
		6	OK-01562
<p>GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.</p>			
<p>I. SITE IDENTIFICATION</p>			
A. SITE NAME Darton Tire & Rubber Co. Soil Farm		B. STREET (or other identifier) Sec. 8, T11N, R4W 2500 S. Council Road	
C. CITY Oklahoma City	D. STATE OK.	E. ZIP CODE 73124	F. COUNTY NAME Oklahoma
G. SITE OPERATOR INFORMATION			
1. NAME Darton Tire & Rubber Co.		2. TELEPHONE NUMBER (405) 445-3421	
3. STREET 2500 S. Council Road	4. CITY Oklahoma City	5. STATE OK	6. ZIP CODE 73124
H. REALTY OWNER INFORMATION (if different from operator of site)			
1. NAME Same as above		2. TELEPHONE NUMBER Same	
3. CITY Same as above	4. STATE Same	5. ZIP CODE Same	6. ZIP CODE Same
I. SITE DESCRIPTION Soil farm			
J. TYPE OF OWNERSHIP			
<input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE			
<p>II. TENTATIVE DISPOSITION (complete this section last)</p>			
A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.) 05/08/80		B. APPARENT SERIOUSNESS OF PROBLEM	
		<input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE	
C. PREPARER INFORMATION			
1. NAME Betty Moore		2. TELEPHONE NUMBER (405) 271-5338	3. DATE (mo., day, & yr.) 05/07/80
<p>III. INSPECTION INFORMATION</p>			
A. PRINCIPAL INSPECTOR INFORMATION		B. TITLE	
1. NAME Betty Moore		Environmental Research Asst.	
2. ORGANIZATION O.S.D.H.		4. TELEPHONE NO. (area code & no.) (405) 271-5338	
<p>IV. INSPECTION PARTICIPANTS</p>			
1. NAME	2. ORGANIZATION	3. TELEPHONE NO.	
Al Coulter	Oklahoma City-County Health Dept	(405) 427-81651	
Len Winkler			
Jim Clarke	Oklahoma State Dept. Health	(405) 271-5338	
Thomas Burger			
Hank Thompson			
C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)			
1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS	
R.K. (D.K.) Reid, PE	Sr. Staff Engineer (405) 745-3421	2500 South Council Rd P.O. Box 24011 Oklahoma City, Oklahoma	
Ron Lever	Asst. Staff Engineer (405) 745-3421	2500 South Council Rd, P.O. Box 24011 Oklahoma City, Oklahoma	

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III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (source of waste)			
1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
Dayton Tire & Rubber Co.	(405) 743-3421	2500 South Council Road Oklahoma City, Oklahoma	solid liquid
E. TRANSPORTER/AULER INFORMATION			
1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
U.S.P.C.I.	(405) 438-2410	Lone Mountain Facility	solid
F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.			
1. NAME	2. TELEPHONE NO.	3. ADDRESS	
U.S.P.C.I.	(405) 438-2410	Lone Mountain Facility	
G. DATE OF INSPECTION	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)	
05-02-80	2:00 P.M.	<input checked="" type="checkbox"/> 1. PERMISSION <input type="checkbox"/> 2. WARRANT	
J. WEATHER (describe)			
77° warm clear sunny no wind			
IV. SAMPLING INFORMATION			
A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.			
1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			
B. FIELD MEASUREMENTS TAKEN (e.g., resistivity, acidity, PH, etc.)			
1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS	

NO samples taken

no measurements taken

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IV. SAMPLING INFORMATION (continued)									
C. PHOTOS									
1. TYPE OF PHOTOS									
<input type="checkbox"/> a. GROUND <input type="checkbox"/> b. AERIAL <i>No photos were taken at time of inspection however both ground & aerial photos are available in Dayton Tire & Rubber Co. file at O.S.O.H.</i>									
D. SITE MAPPED?									
<input checked="" type="checkbox"/> YES. SPECIFY LOCATION OF MAPS: <i>O.S.O.H. Dayton Tire & Rubber Co. file</i>									
E. COORDINATES									
1. LATITUDE (deg.-min.-sec.)		2. LONGITUDE (deg.-min.-sec.)							
<i>35° 26' 15"</i>		<i>97° 38' 45"</i>							
V. SITE INFORMATION									
A. SITE STATUS									
<input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): _____ (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)									
B. IS GENERATOR ON SITE?									
<input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code) <i>3011</i>									
C. AREA OF SITE (in acres)		D. ARE THERE BUILDINGS ON THE SITE?							
<i>16.5 acres</i>		<input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): <i>Dayton Tire & Rubber Co. Tire Plant</i>							
VI. CHARACTERIZATION OF SITE ACTIVITY									
Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.									
<input checked="" type="checkbox"/>	A. TRANSPORTER	<input checked="" type="checkbox"/>	B. STORER	<input checked="" type="checkbox"/>	C. TREATER	<input checked="" type="checkbox"/>	D. DISPOSER		
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL		
	2. SHIP		2. TANK, BELOW GROUND		2. INCINERATION		2. LANDFARM		
	3. BARGE		3. TANK, ABOVE GROUND		3. VOLUME REDUCTION		3. OPEN DUMP		
	<input checked="" type="checkbox"/> 4. TRUCK <i>tank truck</i>		<input checked="" type="checkbox"/> 4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT		
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS./TREATMENT		5. MIDNIGHT DUMPING		
	6. OTHER (specify):		6. OTHER (specify): <i>X tank below ground</i>		6. BIOLOGICAL TREATMENT		6. INCINERATION		
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION		
					8. SOLVENT RECOVERY		8. OTHER (specify):		
					9. OTHER (specify): <i>None</i>				
E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this form.									
<input type="checkbox"/>	1. STORAGE	<input type="checkbox"/>	2. INCINERATION	<input type="checkbox"/>	3. LANDFILL	<input type="checkbox"/>	4. SURFACE IMPOUNDMENT	<input type="checkbox"/>	5. DEEP WELL
<input type="checkbox"/>	6. CHEM/BIO/PHYS TREATMENT	<input checked="" type="checkbox"/>	7. LANDFARM	<input type="checkbox"/>	8. OPEN DUMP	<input type="checkbox"/>	9. TRANSPORTER	<input type="checkbox"/>	10. RECYCLOR/RECLAIMER
VII. WASTE RELATED INFORMATION									
WASTE TYPE									
<input checked="" type="checkbox"/>	1. LIQUID	<input checked="" type="checkbox"/>	2. SOLID	<input type="checkbox"/>	3. SLUDGE	<input type="checkbox"/>	4. GAS		
WASTE CHARACTERISTICS									
<input type="checkbox"/>	1. CORROSIVE	<input type="checkbox"/>	2. IGNITABLE	<input type="checkbox"/>	3. RADIOACTIVE	<input type="checkbox"/>	4. HIGHLY VOLATILE		
<input checked="" type="checkbox"/>	5. TOXIC	<input type="checkbox"/>	6. REACTIVE	<input type="checkbox"/>	7. INERT	<input checked="" type="checkbox"/>	8. FLAMMABLE		
9. OTHER (specify):									
F. WASTE CATEGORIES									
1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.									
<i>yes, O.S.O.H. files</i>									

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VII. WASTE RELATED INFORMATION (continued)						
2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.						
a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER	
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	UNIT OF MEASURE
					19,953	gallons/yr.
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
(1) PAINTS (1) PIGMENTS	(1) OILY WASTES	(1) HALOGENATED SOLVENTS (2) NON-HALOGENATED SOLVENTS	(1) ACIDS (2) PICKLING LIQUORS (3) CAUSTICS (4) PESTICIDES (5) DYES/INKS (6) CYANIDE (7) PHENOLS (8) HALOGENS (9) PCB (10) METALS (11) OTHER (specify):	(1) FLYASH (2) ASBESTOS (3) MILLING/MINE TAILINGS (4) FERROUS SMELTING WASTES (5) NON-FERROUS SMELTS. WASTES (6) OTHER (specify):	(1) LABORATORY/PHARMACEUTICAL (2) HOSPITAL (3) RADIOACTIVE (4) MUNICIPAL (5) OTHER (specify):	
(2) METALS SLUDGES	(2) OTHER (specify):	(3) OTHER (specify):			conglomerate organic waste consisting of naphthalene, naptha-pine tar, wax, spent lubricating oils, toluene, heptane, zinc stearate, and various other solvent	
(3) POTW						
(4) ALUMINUM SLUDGE						
(5) OTHER (specify):						

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)							
1. SUBSTANCE	2. FORM (mark 'X')		3. TOXICITY (mark 'X')		4. CAS NUMBER	5. AMOUNT	6. UNIT
	SOLID	LIQ.	SLIGHT	HIGH			
conglomerate organic waste		X		X	305500	290,000 19,953	gallons/year

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

A. HUMAN HEALTH HAZARDS

no evidence of human health hazard

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VIII. HAZARD DESCRIPTION (continued)

<input type="checkbox"/> B. NON-WORKER INJURY/EXPOSURE no evidence of non-worker injury/exposure
<input type="checkbox"/> C. WORKER INJURY/EXPOSURE no evidence of worker injury/exposure
<input type="checkbox"/> D. CONTAMINATION OF WATER SUPPLY no evidence of water supply contamination
<input type="checkbox"/> E. CONTAMINATION OF FOOD CHAIN no evidence of food chain contamination
<input type="checkbox"/> F. CONTAMINATION OF GROUND WATER 5 monitoring wells on site no evidence of ground water contamination.
<input type="checkbox"/> G. CONTAMINATION OF SURFACE WATER no evidence of surface water contamination

Continued From Front

VIII. HAZARD DESCRIPTION (continued)

H. DAMAGE TO FLORA/FAUNA

no evidence of floral/fauna damage -
on the contrary several species of birds were
noted on site during inspection and
several species of vegetation were present
and appeared healthy

I. FISH KILL

no evidence of fish kill in nearby tributary
of north Canadian River at time of inspection

J. CONTAMINATION OF AIR

no evidence of air contamination at time of
inspection

K. NOTICEABLE ODORS

no noticeable odors at site at time of inspection

L. CONTAMINATION OF SOIL

contamination of soil only apparent on
that area of site used directly for application
of waste material to be soil farmed.

M. PROPERTY DAMAGE

no evidence of property damage at time
of inspection

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VIII. HAZARD DESCRIPTION (continued)

N. FIRE OR EXPLOSION

no evidence of or past history of fire or explosion.

O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

P. SEWER, STORM DRAIN PROBLEMS

no evidence of problem at time of inspection

Q. EROSION PROBLEMS

no evidence of problem at time of inspection

R. INADEQUATE SECURITY

security appeared adequate at time of inspection

S. INCOMPATIBLE WASTES

no evidence of incompatibility at time of inspection

VIII. HAZARD DESCRIPTION (continued)

T. MIDNIGHT DUMPING

no evidence of midnight dumping

U. OTHER (specify):

At time of inspection, site appeared in full compliance of the regulations under which it is permitted.

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS		no residences within affected unit area		
2. IN COMMERCIAL OR INDUSTRIAL AREAS		zoned heavy light industrial		
3. IN PUBLICLY TRAVELLED AREAS		Council Rd. SW. 28th & 29th Skits.		
4. PUBLIC USE AREAS (parks, schools, etc.)		no public use areas within affected unit area		

X. WATER AND HYDROLOGICAL DATA

1. DEPTH TO GROUNDWATER (specify units) 6ft	3. DIRECTION OF FLOW north	5. GROUNDWATER USE IN VICINITY nearest existing water well 6 miles north Bethany, OK
2. POTENTIAL YIELD OF AQUIFER Approx 5 gal. min.	4. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure) 6 miles north - Bethany, OK	6. DIRECTION TO DRINKING WATER SUPPLY North
7. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS	<input checked="" type="checkbox"/> 2. COMMUNITY (specify town): Oklahoma City	
<input type="checkbox"/> 3. SURFACE WATER	<input type="checkbox"/> 4. WELL	

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X. WATER AND HYDROLOGICAL DATA (continued)				
H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE				
1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COMMUNITY (mark 'X')	5. COMMUNITY (mark 'X')
no drinking water wells within 1/4 mile radius of site				
I. RECEIVING WATER				
1. NAME	<input type="checkbox"/> 2. SEWERS	<input type="checkbox"/> 3. STREAMS/RIVERS		
	<input type="checkbox"/> 4. LAKES/RESERVOIRS	<input type="checkbox"/> 5. OTHER (specify):		
6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS				
XI. SOIL AND VEGETATION DATA				
LOCATION OF SITE IS IN:				
<input type="checkbox"/> A. KNOWN FAULT ZONE	<input type="checkbox"/> B. KARST ZONE	<input type="checkbox"/> C. 100 YEAR FLOOD PLAIN	<input type="checkbox"/> D. WETLAND	
none of these				
<input type="checkbox"/> E. A REGULATED FLOODWAY	<input type="checkbox"/> F. CRITICAL HABITAT	<input type="checkbox"/> G. RECHARGE ZONE OR SOLE SOURCE AQUIFER		
XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED				
Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.				
<input checked="" type="checkbox"/> A. OVERBURDEN	<input checked="" type="checkbox"/> B. BEDROCK (specify below)	<input checked="" type="checkbox"/> C. OTHER (specify below)		
1. SAND				
<input checked="" type="checkbox"/> 2. CLAY	hard, reddish brown silty clay	reddish-brown Hennessey shale approx 300-400 ft thick		
	approx 5-13 ft below surface			
3. GRAVEL				
XIII. SOIL PERMEABILITY				
<input type="checkbox"/> A. UNKNOWN	<input type="checkbox"/> B. VERY HIGH (100,000 to 1000 cm/sec.)	<input type="checkbox"/> C. HIGH (1000 to 10 cm/sec.)		
<input type="checkbox"/> D. MODERATE (10 to .1 cm/sec.)	<input type="checkbox"/> E. LOW (.1 to .001 cm/sec.)	<input checked="" type="checkbox"/> F. VERY LOW (.001 to .00001 cm/sec.)		
.00007 - .000023 cm/sec				
G. RECHARGE AREA				
<input type="checkbox"/> 1. YES	<input checked="" type="checkbox"/> 2. NO	3. COMMENTS:		
H. DISCHARGE AREA				
<input type="checkbox"/> 1. YES	<input checked="" type="checkbox"/> 2. NO	3. COMMENTS:		
I. SLOPE				
1. ESTIMATE % OF SLOPE		2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.		
1-2%				
J. OTHER GEOLOGICAL DATA				
Approx 13 acres of the site is relatively flat (1-2%) slope. However the slope does become steeper in a small portion on the eastern edge of the plot and in a slight depression along the north side of the site				

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XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UNKNOWN
Generator Disposal Plan	OSDH	55015			X		
Disposal Site Permit	OSDH	SF55003	2/7/79	2/6/80	X		

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

NONE YES (summarize in this space)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

LAND FARM SITE INSPECTION REPORT (Supplemental Report)	INSTRUCTION Answer and Explain as necessary.
1. STATE PERMIT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
2. AREA (Dimensions of Site) 16 1/2 acres (600 ft x 1200 ft)	
3. APPLICATION RATE approx 24099 gallons/mo.	
4. PROPER DISPOSAL OF UNAUTHORIZED MATERIALS IN LAND FARM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
5. DIVERSION STRUCTURES ARE EFFECTIVELY CONSTRUCTED AND PROPERLY MAINTAINED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
6. EVIDENCE OF PONDING OF LIQUID ^{ON SITE} <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>oil runoff contained in a small pond north of site - pumped for dispersal into soil farm</i>	
7. ODOORS (especially hydrogen sulfide) (If YES, indicate) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
8. GENERAL PHYSICAL APPEARANCE OF SOIL. (Color, Sand/Silt/Clay Content) Rich brown silty clay - dry at exposed surface although moist beneath blanket due to heavy rains preceding week.	
9. VEGETATION ON LAND FARM weeping love grass, <i>Eragrostis curvula</i>	
10. pH Soil pH - prior to site operation 0-6 inches - 6.4 6-12 inches - 6.6 12-24 inches - 6.7	